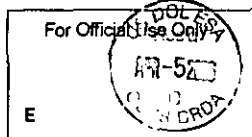


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 6153	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Bernie Hostein P.O. Box, Bldg., Room No., if any Street Five Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222-1214	4. Name, file number, and address of labor organization. Name United Steelworkers Labor Organization File Number 000-094 P.O. Box, Building and Room Number, if any Street Five Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222-1214
5. Position in labor organization. Assistant to the President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Bernard Hostein</u>	On <u>3/31/06</u> Date	<u>(412) 562-2321</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Privilege</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 300</p> <p>Street 1125 15th Street, N.W.</p> <p>City Washington</p> <p>State D.C. ZIP Code + 4 20005</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provider of consumer benefit programs to union members</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>See attached.</p> <p>12.b. Amount. \$1,289.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

UNION PRIVILEGE

SUMMARY OF LM10/30 INFORMATION - UNION PRIVILEGE

2005

Comments:

General descriptions should be as noted: "Lunch mtg - brief description"; "Dinner mtg - brief description; Gift - Birthday; Gift - Illness, etc.

UNION	UNION OFFICIAL	TITLE	ADDRESS	CITY	STATE	ZIP	DATE	AMOUNT	#	REPORT	DESCRIPTION	UP REF
USW	Hostein, Bernie	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	5/5/2005	164.47	2	82.24	Dinner mtg - Union Privilege programs	DP5/5ER
USW	Hostein, Bernie	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	8/24/2005	139.30	2	69.65	Dinner mtg - Union Privilege programs	DP8/24ER
USW	Hostein, Bernie	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	3/29-04/01/05	745.80	1	745.80	Hotel @ Spring Liaison Conference	Wyndh01 inv. 0413056
USW	Hostein, Bernie	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	4/10/2005	521.88	5	104.38	Dinner mtg - Union Privilege programs	DP4/9ER
USW	Hostein, Bernie	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	4/1/2005	820.19	9	91.13	Dinner mtg - Union Privilege programs	YW3/29ER
	Hostein, Bernie Total									1,093.20		
USW	Hostein, Bernie (wife)	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	4/10/2005	521.88	5	104.38	Dinner mtg - Union Privilege programs	DP4/9ER
USW	Hostein, Bernie (wife)	Assistant to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	4/1/2005	820.19	9	91.13	Dinner mtg - Union Privilege programs	YW3/29ER
	Hostein, Bernie (wife) Total									195.51		